

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # 7881-9 P 2-06
(Ethics Commission filers)

Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
NARCISO VALUJO
NICKNAME LAST SUFFIX
MENDOZA

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3130 CATO BLVD.
SAN ANTONIO, TX 78223

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
MRS. TERUSA S.
NICKNAME LAST SUFFIX
TERRY MENDOZA

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3130 CATO BLVD.
SAN ANTONIO, TEXAS 78223

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 337-5206

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
3 / 5 / 2001 THROUGH 4 / 5 / 2001

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
/ /
☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

C

12 OFFICE SOUGHT (if known)

CITY COUNCIL DIST #7

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A1

FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR - 9

Total pages in Schedule A1: 1

2 FILER NAME

NARCISO V. MENDOZA

3 ACCOUNT # (Ethics Commission files)

4 Date

3-1-2001

5 Full name of contributor

☐ out-of-state PAC (ID#)

NARCISO V. MENDOZA

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3130 CATO BLVD.
SAN ANTONIO, TEXAS 78223

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3-25-2001

Full name of contributor

☐ out-of-state PAC (ID#)

TERESA MENDOZA

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3130 CATO BLVD
SAN ANTONIO TX 78223

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



RECEIVED
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CITY CLERK
2001 APR -9 P 2:05

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)**6** Is lender a
financial institution?

Y N

8 Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address; City; State; Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	
		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
		<input type="checkbox"/> Reimbursement from political contributions intended

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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